

SWORN AFFIDAVIT FOR COMPLAINT LOG INVESTIGATION
CHICAGO POLICE DEPARTMENT

STATE OF ILLINOIS)
) CC
COUNTY OF COOK)

Location of Incident	Date	Time
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Summary of Statement(s):

I, _____ hereb

1. I have read the above summary and/or _____, in its entirety, reviewed it for accuracy and _____ opportunity to make corrections and additions to the s

2. Under penalties as provided _____ 735 ILCS 5/1-109, I certify that the information set fr _____ it(s) above and/or attached summary are true and _____ to any matters therein stated to be on information and _____ matters, I certify as aforesaid that I verily believe the same

Print Affiant's Name _____

Print Witness's Name _____

Affiant's Signature _____

Witness's Signature _____

Date _____

Date _____